



## PHYSICAL THERAPY BOARD OF CALIFORNIA

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## CONSUMER COMPLAINT FORM

(Please print clearly or type and provide all the requested information)

### COMPLAINT REGISTERED AGAINST

Name of the Subject of your Complaint:			Facility Phone: (      )	
Name of Physical Therapy Facility:			Fax No. (      )	
Address:				
City:	County:	State:	Zip Code:	

### PERSON REGISTERING COMPLAINT

Name:		Relationship to Patient:		Home No. (      )	
Address:		Fax No. (      )		Cellular No. (      )	
City:		County:		State:	
Patient's Name		Patient's Date of Birth:			
Has this patient been examined or treated by another physical therapist/physical therapist assistants or practitioner? If yes, please provide full names and addresses on a separate sheet of paper.      Yes      No					

### DETAILS OF COMPLAINT

Date(s) of Visit(s):
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State your complaint in detail: (If necessary, use a separate sheet of paper)

See Reverse Side

Have you filed this complaint with any other organization? Yes \_\_\_\_ No \_\_\_\_

If yes, with whom? Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Witness information:**

List individuals who are witnesses or have knowledge to the incident(s) (Attach additional pages if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Attach supporting documents you believe will assist in the review of your complaint. (e.g. medical records, billing statements, letters/correspondence from subject, receipts, photos, telephone statements, etc.)

Notice: The information included on this form is requested per authority under Section 2220 of the Business and Professions Code. Except for the name of the physical therapist or physical therapist assistant, all information requested is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. As much information as possible should be provided in connection with the complaint. The information on this form will be used in part to determine whether a violation of state law has occurred. If a violation is substantiated, the information may be transmitted to other government agencies, including the Attorney General's Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_